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## UTILITY PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	015270-008930US	Ā
First Inventor	Schenk, Dale B.	D.8
Title	PREVENTION AND TREATMENT OF SYNUCLEINOPATHIC DISEASE	386
Express Mail Label No.	EV 346 923 910 US	2

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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APPLICATION ELEMENTS See MPEP chapter 600 concerning design patent application contents.				ADDRESS TO  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450					
See MPEP (	chapter 600 concerning design pat	ent application contents.	<u></u>	Alexandria, VA 22313-1450					
2.	Fee Transmittal Form (e.g., PT Submit an original and a duplicate Applicant claims small entity st See 37 CFR 1.27.	<ul> <li>7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</li> <li>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</li> </ul>							
				a. 🛛 Computer Readable Form (CRF)					
(preferred arrangement set forth below) - Descriptive title of the Invention			b. Specification Sequence Listing on:						
<ul> <li>Cross Reference to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>			i. ☐ CD-ROM or CD-R (2 copies); or						
<ul> <li>Reference to sequence listing, a table, or a computer program listing appendix</li> </ul>			ii. ⊠ paper number of pages 20						
	<ul> <li>Background of the Invention</li> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawings ( if filed)</li> </ul>			c. X Statements verifying identity of above copies					
-				ACCOMPANYING APPLICATIONS PARTS					
	Detailed Description Claim(s)		9. Assignment Papers (cover sheet & document(s))						
- Abstract of the Disclosure			10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney						
	Drawing(s) (35 U.S.C.113)	•	11. 🗆 🗆	English Trar	nslation Docur	ment (if applicable)			
5. Oath	_	[Total Pages ]			•	☐ Copies of IDS			
a., L_				12. Information Disclosure Statement (IDS)/PTO-1449 Citations					
b. L_	Copy from a prior applicatio		13. 🔲 1						
(for a continuation/divisional with Box 18 completed			14. 🛛 🛚	14. ⊠ Return Receipt Postcard (MPEP 503)					
. i.	DELETION OF INVENTION Signed statement attached de		(Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
	named in the prior application								
1.63(d)(2) and 1.33(b).			16. Nonpublication Request under 35 U.S.C. 122						
6. 🗵 /	Application Data Sheet. See 3 [Total Pages 3]	37 CFR 1.70		(b)(2)(B)(i). Applicant must attach form PTO/SB/35					
(10tal Fages 3)				or its equivalent					
		<del></del>		Other:					
18. If a CON	ITINUING APPLICATION, check a n following the title, or in an App	appropriate box, and supply lication Data Sheet under 3	the requisite in the control of the	information b	below and in the	e first sentence of the			
	inuation Divisional	Continuation-in-part		of prior	r application No:	: <u></u>			
Prior ap	plication information: Exan		•	Art Uni					
For CONTIN	NUATION OF DIVISIONAL APPS 5b, is considered a part of the di	only: The entire disclosure	of the prior ap	plication, fro	om which an oa	ath or declaration is supplied			
reference.	56, is considered a part of the di The incorporation <u>can only</u> be re	lied upon when a portion h	as been inadv	ertently omit	ted from the su	ibmitted application parts.			
		19. CORRESPON	IDENCE ADD	DRESS					
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⊠ Customer Number 203				OR Correspondence address below					
Name									
Address	Address								
City	State		Zi		Zip Code				
Country	Telephone		,	7	Fax				
Name (Print/Type) Rosemarie L. Celli F			Registration No. (Attorney/Agent) 42,397						
Signature Date									
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This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments n the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450. 6007/2029 v1



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FEE TRANSMITTAL			Application Number Unassigned						
for FY 200	Filing Date Here			Here	ewith (10/31/03)				
Effective 10/01/2003. Patent fees are subject to annual revision.			First Named Inventor S			Schenk, Dale B.			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name U			nassigned			
Applicant dains small cristy scales. God 57 G. N. I.E.						assigned			
TOTAL AMOUNT OF PAYMENT (\$) 1506						270-008930US			
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
Check Credit Card Money Order Other None			DITIONAL	FEES					
Deposit Account:	,	Large	Entity	Small				F	
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he Director is authorized to: (check all that apply)		1804	920*	1804	920*	• .	cation of SIR prior to		
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s)			1,840*	1805	1,840*	Requesting public Examiner action	cation of SIR after		
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002 340 2002 170 Design filing fee	1.0	1402	330	2402	165	-	pport of an appeal	├──┤ <b> </b>	
003 530 2003 265 Plant filing fee		1403	290	2403	145	Request for oral h Petition to institute	-	<u> </u>	
004 770 2004 385 Reissue filing fee		1451	1,510	1451	1,510	proceeding	s a public uso		
005 160 2005 80 Provisional filing fee		1452	110	2452	55	Petition to revive	- unavoidable		
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. EXTRA CLAIM FEES FOR UTILITY AND	REISSUE	1502 1503	480 640	2502 2503	240 320	Design issue fee Plant issue fee			
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l ·	claims in excess of 3	1801	770	2801	385	•	nued Examination		
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204 86 2204 43 ** Reissue independent claims over original patent						of a design applic			
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SUBTOTAL (2) (\$) or number previously paid, if greater, For Reissues, see all	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Rosemane L. Celli	ey/Agent	) 42	,397		Telephone	650-326-2400			
Signature Poshmane 2. al			Date October 31, 200			October 31, 2003			